

Knowing how to play & what to build in the sandbox: A Vision for Ontario's Primary Care Teams



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Objectives

- Learn from and celebrate successes of our collective advancement of interprofessional collaboration
- Identify structures, processes, practices and behaviors required to foster an interprofessional quality focused and patient centred culture of primary care

Making IPC Personal

Think – Pair – Share



Think about a time when you collaborated with two or more health care providers (from different professions) on a patient care issue that worked really well in your FHT/NPLC.

Turn to your neighbor beside you

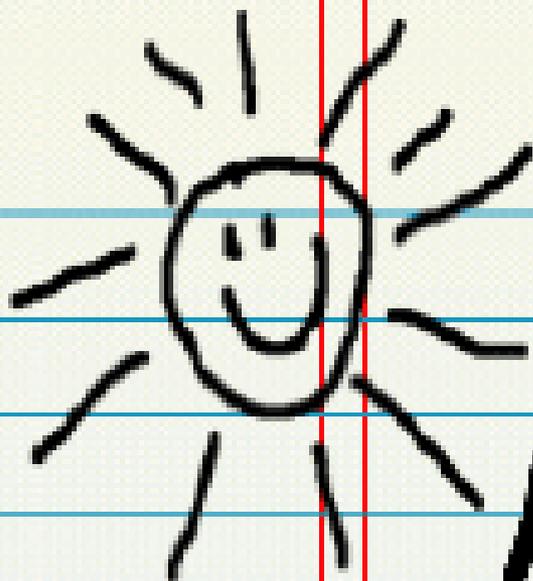
- 1. What enabled your collaboration to be successful?**
- 2. What outcome did the patient have based on the collaboration?**

At your tables based on your stories

Come to consensus on 2-3 separate words that describe critical factors that support interprofessional collaboration



Write each word on a post-it note



Robert Fulghum's

ALL I REALLY
NEED TO KNOW
I LEARNED IN
KINDERGARTEN

The clinical practice sandbox



Building alone or with others?



Fixing?



Nurturing?



**Are we all playing nice in
the sandbox?**



Do we know who can do what?



A top-down photograph showing a large number of hands of diverse skin tones (ranging from light to dark brown) pressed together in a circular pattern on a sandy surface. The hands are arranged in a ring, with fingers pointing towards the center. The word "Culture" is written in a bold, black, sans-serif font in the center of the circle formed by the hands.

Culture

Culture

***“the way we do things
around here”***

Edgar Schein (1982)

Organizational Culture

reflects the underlying beliefs &
assumptions that guide people's behaviors

(Evans, 2009: 2)

**Culture is
embedded in
artifacts**

Artifacts

(observable)



Values

(what ought to be)



Shared Beliefs

(Guiding action)

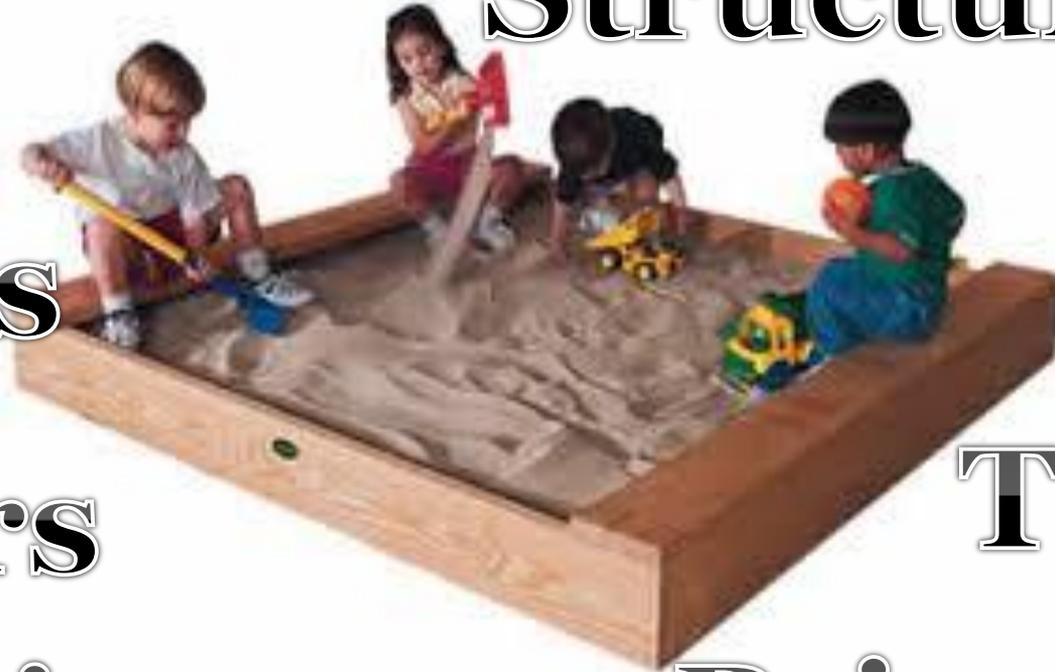
(Martin, 2002; Schein, 1996)

Influencing Individual Behavior

Vision

Structures

Policies



Leaders

Tools

Practices

Priorities

Not Sand...People





**Playing in the Sandbox of
Healthcare is Different...
Lives are impacted**

CHANGE

People resist change only if they are asked to make difficult changes and sacrifices without being able to see the bigger picture and understand the context that makes change necessary

Scharmar, 2009 : 135



Oandasan et al 2006



TEAMWORK & COLLABORATION

FOR WHAT?

Quality Healthcare

Safe *Effective*

Timely *Efficient*

Patient-centered

Equitable

When collaboration is at
its best what do
healthcare providers do?



Interprofessional Care

CORE COMPETENCY WORKING GROUP



Patient-Centred Care
Role Understanding
Communication
Willingness to Collaborate

“If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement.”

(Romanow, 2002)

Universities &
Colleges support
the teaching of
interprofessional
education
across Ontario



Becoming a Family Physician





Family Medicine is Patient-Centred not Disease Focused

“Family Medicine is the only medical discipline to define itself in terms of relationships rather than by a particular body system, technology or technique.”

- *Dr. Ian McWhinney*

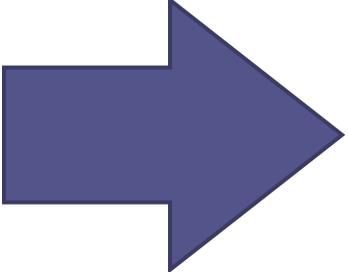


A FHT Structure Overlaid



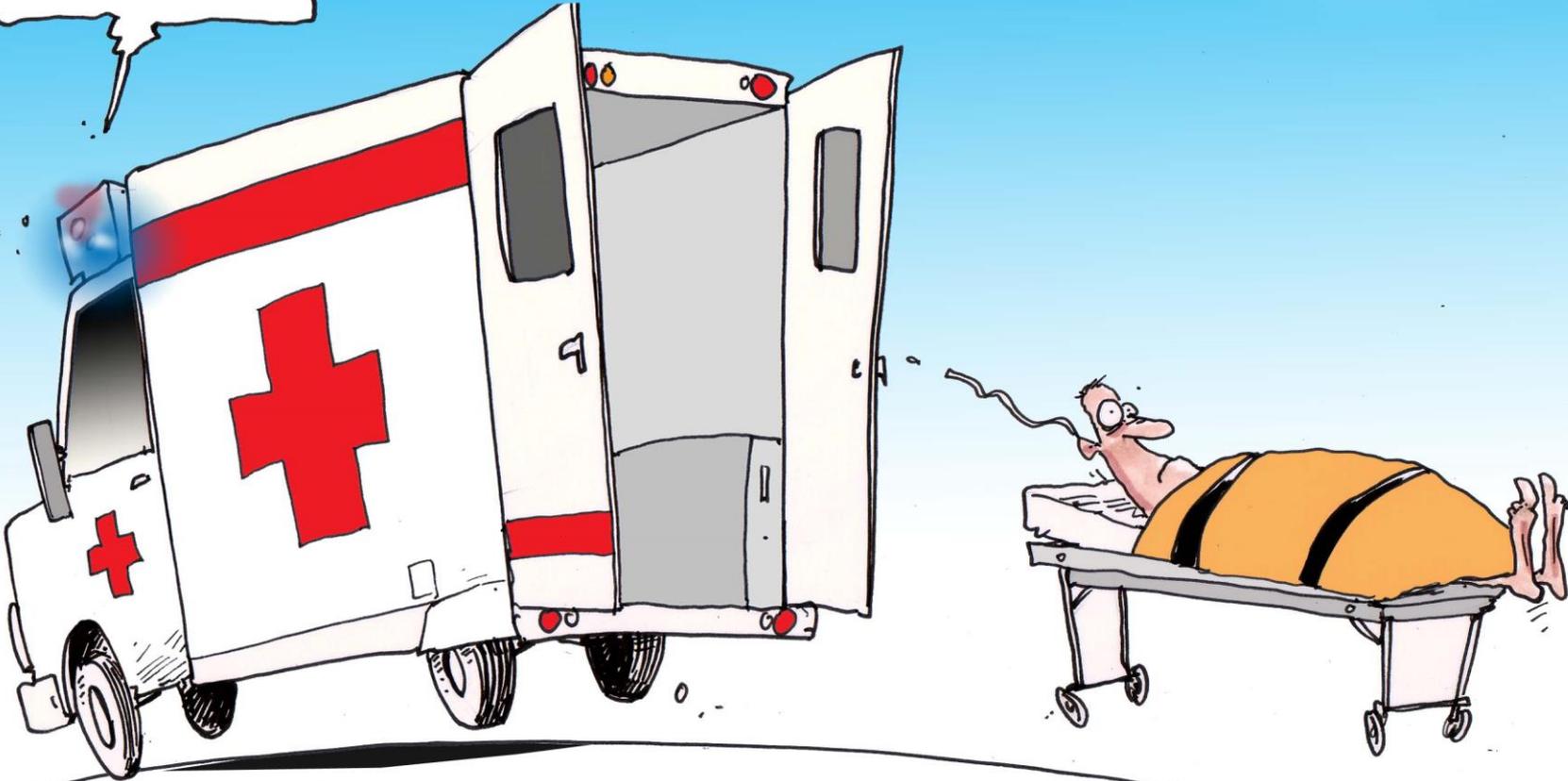
Changing the Paradigm

UNI INTER
MY OUR



ROLE CLARITY

... NO...
IT'S YOUR
JOB TO CLOSE
THE DOORS...



DOLIGHAN.
dolighan.com

Process

34



**TEAMWORK &
COLLABORATION
ENABLES**

Quality Patient-Centred Care

Outcome

What makes Family Practice Unique?



RELATIONSHIPS

Where did you learn?



(Oandasan, 2013)

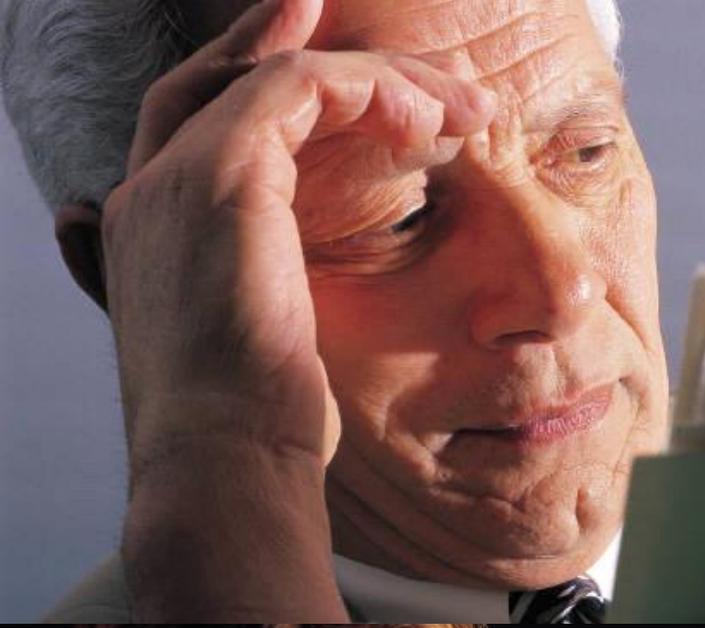
“If health care providers are expected to work together and share expertise in a **FAMILY PRACTICE TEAM** environment, it makes sense that their education and training should prepare them for this type of working arrangement.”

(Oandasan, 2015 adapted from Romanow, 2002)

Aligning
structures,
processes,
practices &
policies to
influence behavior

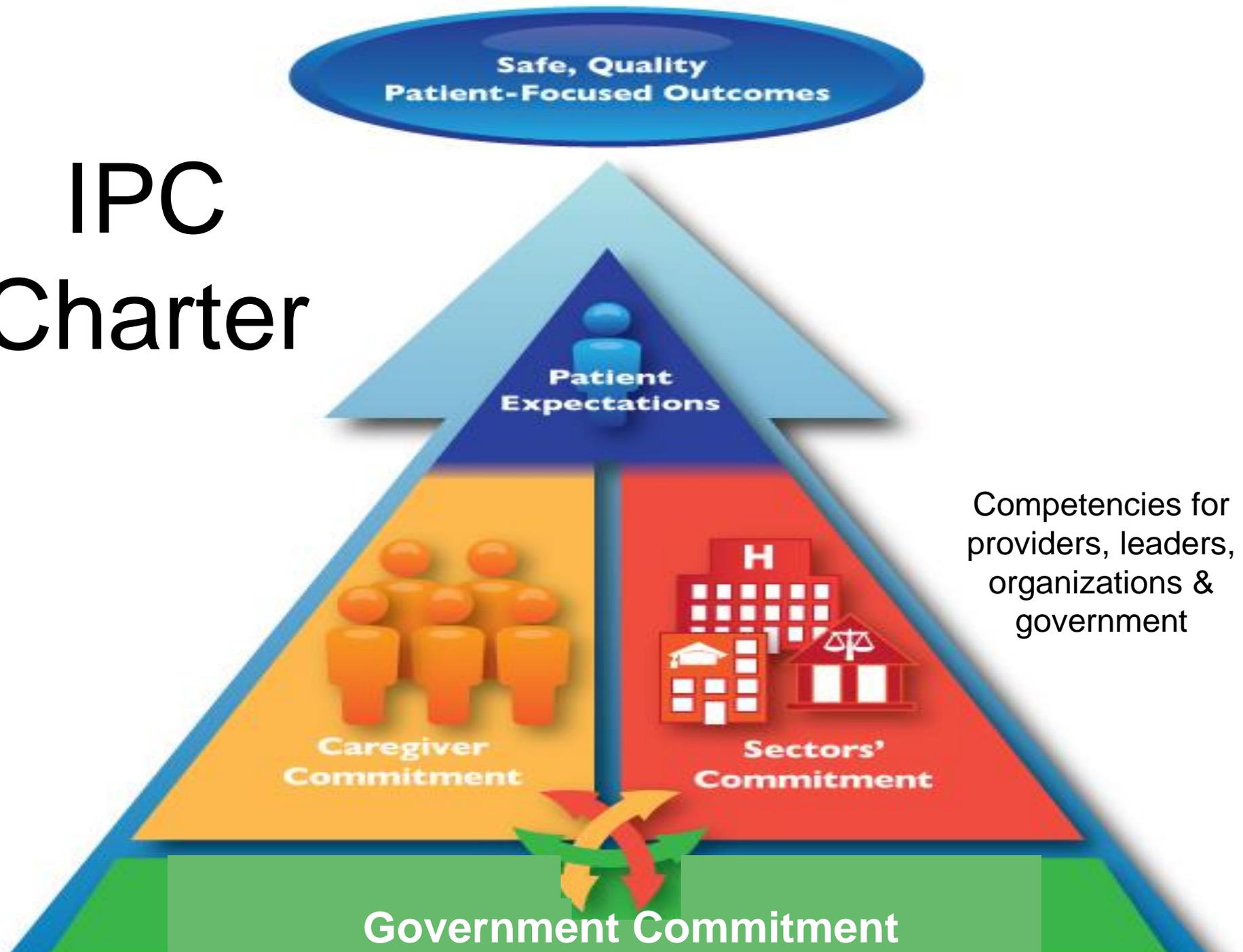


Teamwork in Primary Care



Collaboration for...

IPC Charter



IPC Charter – Self-Assessment

Reflecting upon our own (individual and team) ability(s) to practice interprofessional collaboration?

Areas of Strength?

Areas of Improvement?

Opportunities for use in your own Context?

Team Structures and Processes to Advance IPC



What is IP-COMPASS?

- IP-COMPASS is a guided self-assessment, quality improvement framework that people in healthcare settings can use.

IP-COMPASS Framework⁴

- The framework, outlines 4 constructs for reflection:
- The 4 constructs are:
 - The organization is committed to IPC
 - Structures and supports exist to facilitate IPC
 - The organization is committed to IPE
 - Structures and supports exist to facilitate IPE
- Attributes for each construct guide discussions for teams to reflect upon readiness.

Commitment to interprofessional collaboration

Evidence within the organization

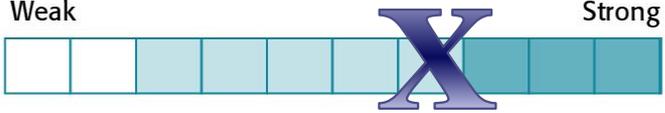
- 1.2 Interprofessional collaboration is part of strategic planning
- 1.3 Time, people & money are committed to interprofessional collaboration

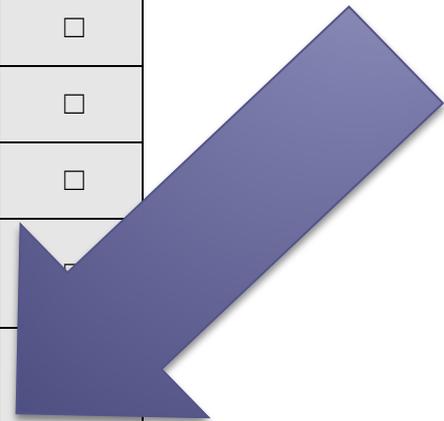
Using the IP-COMPASS Tool

- Consider our collective work at your FHT/NPLC
- Complete Construct 1 and 2 on your own or with colleagues from your own practice

Exercise A

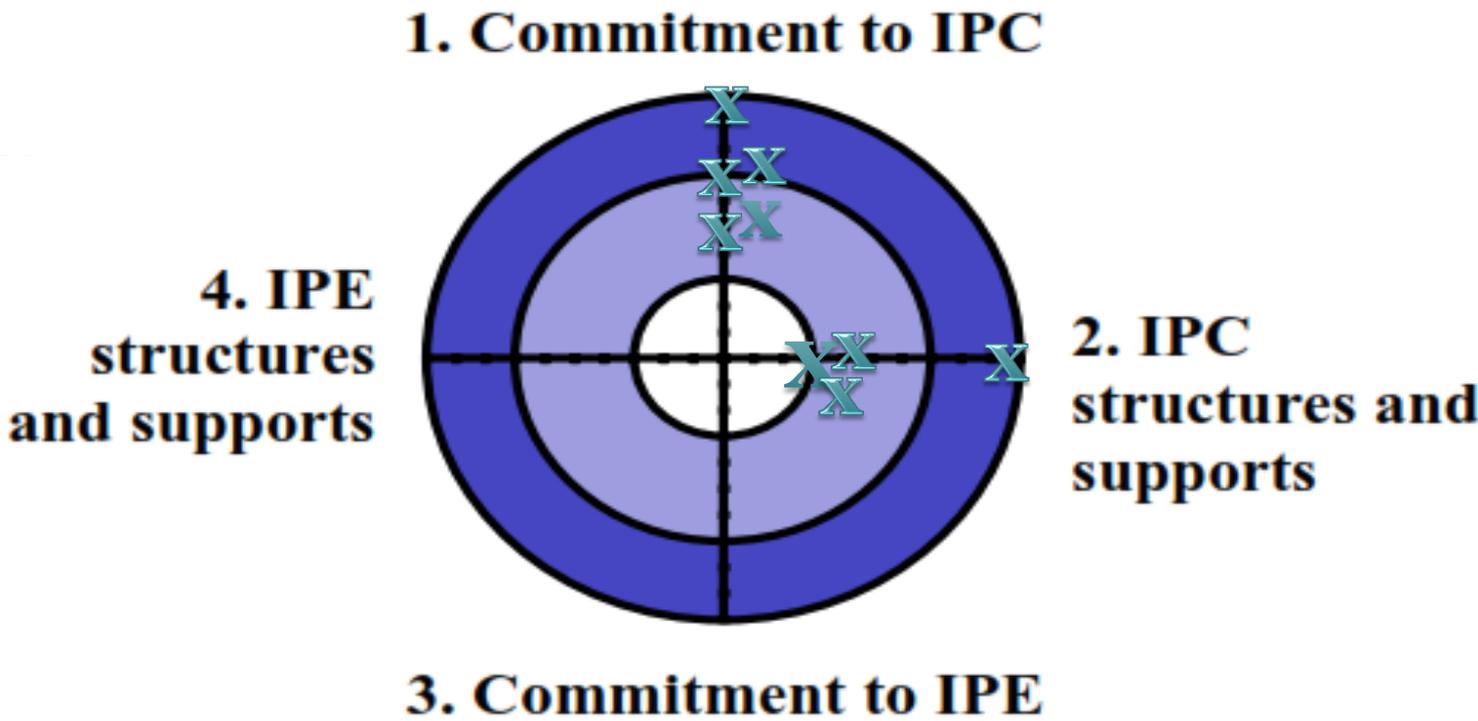
Individually Reflect & fill in the IP Compass

Need More Info*	Attributes	Absent	Weak	Adequate	Strong	Action*
<input type="checkbox"/>	1.1 The importance of providing quality patient- / client-centered care is part of the organization's culture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.2 IPC is part of strategic planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.3 Time, people, & money are committed to IPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.4 Leaders promote IPC among team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.5 Multiple professions work together on the healthcare team	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.6 The interprofessional healthcare team functions collaboratively	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.7 The effectiveness of IPC is measured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considering all 7 of the attributes in this section, how would you RATE YOUR ORGANIZATION'S overall <i>commitment to IPC</i> ?		Weak  Strong				



Identifying where your organizations sits...

IP-COMPASS Constructs



Fill out the one on the table

Sharing Responses

50

1. What are our strengths?
2. What could be prioritized?

Creating a Culture of IPC

How might you use this resource in your FHT/NPLC to advance IPC?





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The wisdom of how to move IPC forward is in this room.

Magnet® Nurses Lead
Culture Change

**Thanks for taking up
your place in the
Sandbox!!**

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